PATENT, APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/6439/2													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								;	SMALL TYPE	ENTITY	OR	OTHER	THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA		Γ	RATE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			minus 20=			•		:	X\$ 9=		OR	X\$18=	
₽-	DEPENDENT CLA	;	minus 3 =		:		Γ	X39=		OR	X78=	·	
MULTIPLE DEPENDENT CLAIM PRESENT							Γ	+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	690	
17 05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								\$	SMALL	ENTITY	OR	OTHER SMALL	
AMENOMENT A		CLAIM REMAIN AFTE AMENDN	IING R		PA	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š N	Total		2	Minus		20	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESEN	TATION		Minus	PENID	2	=	. [X39=		OR	X78=	
-	FIRST PRESER	MICH	OF WO	LIIPLE DEF	CNU	ENI CLAIM		Γ.	+130=		OR	+260=	
			•			•		<u>-</u>	TOTAL DIT, FEE		OR	TOTAL ADDIT, FEE	
_	•	(Colum	n 1)	•	(C	olumn 2)	(Column 3)	~~	011.7 EC				
AMENDMENT B		CLAIM REMAIN AFTE AMENDN	IING R		· N	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total •			Minus	••	<i>Q</i> 0	=	- :	X\$ 9=		OR	X\$18=	
	Independent FIRST PRESEN	TATION		Minus	PENID	ENT CLAIM	= -		X39=	·	OR	X78=	
r	, mor ryieden	TAILON .			LIND	LIVI OCAIM			130=		OR	+260=	
	•							ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
Ŀ		(Colum		2072/10 10 Physiological and page		olumn 2)	(Column 3)					•	
ENT C		CLAIM REMAIN AFTEI AMENÒM	ING R	4	PRI	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total .		2	Vinus .	••	•	=	<u></u>	⟨\$ 9= ·		OR	X\$18=	
AME	Independent •			Minus	***	F1 100 MA A A 10 -	=	 	X39=		OR	X78≟	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=			+260=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20 "									•	OR OR	TOTAL	1
***	If the "Highest Numl The "Highest Numb	ber Previo	usly Pak	For IN THIS	S SPA	CE is less that	n 3, enter "3."		OIT, FEE	ropriate box	. *	NDDIT.:FEE l Joon 1.	
l				,		•			/-				

FORM PTO-875

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Application or Docket Number